



Commonwealth of Massachusetts  
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

# **MDPH and Local Public Health: Strengthening a Culture of Collaboration and Support**

Public Health Council Meeting  
December 13, 2017

Ron O'Connor, Director  
Office of Local and Regional Health



- Background
- Local Public Health in Massachusetts
- DPH Support for Local Public Health
- Special Commission on Local and Regional Public Health



# Healthy People 2000 Goal

“By the year 2000, increase to at least 90% the proportion of people who are served by a local health department that is effectively carrying out the core functions of public health”

Healthy People 2000  
U.S. Centers for Disease Control



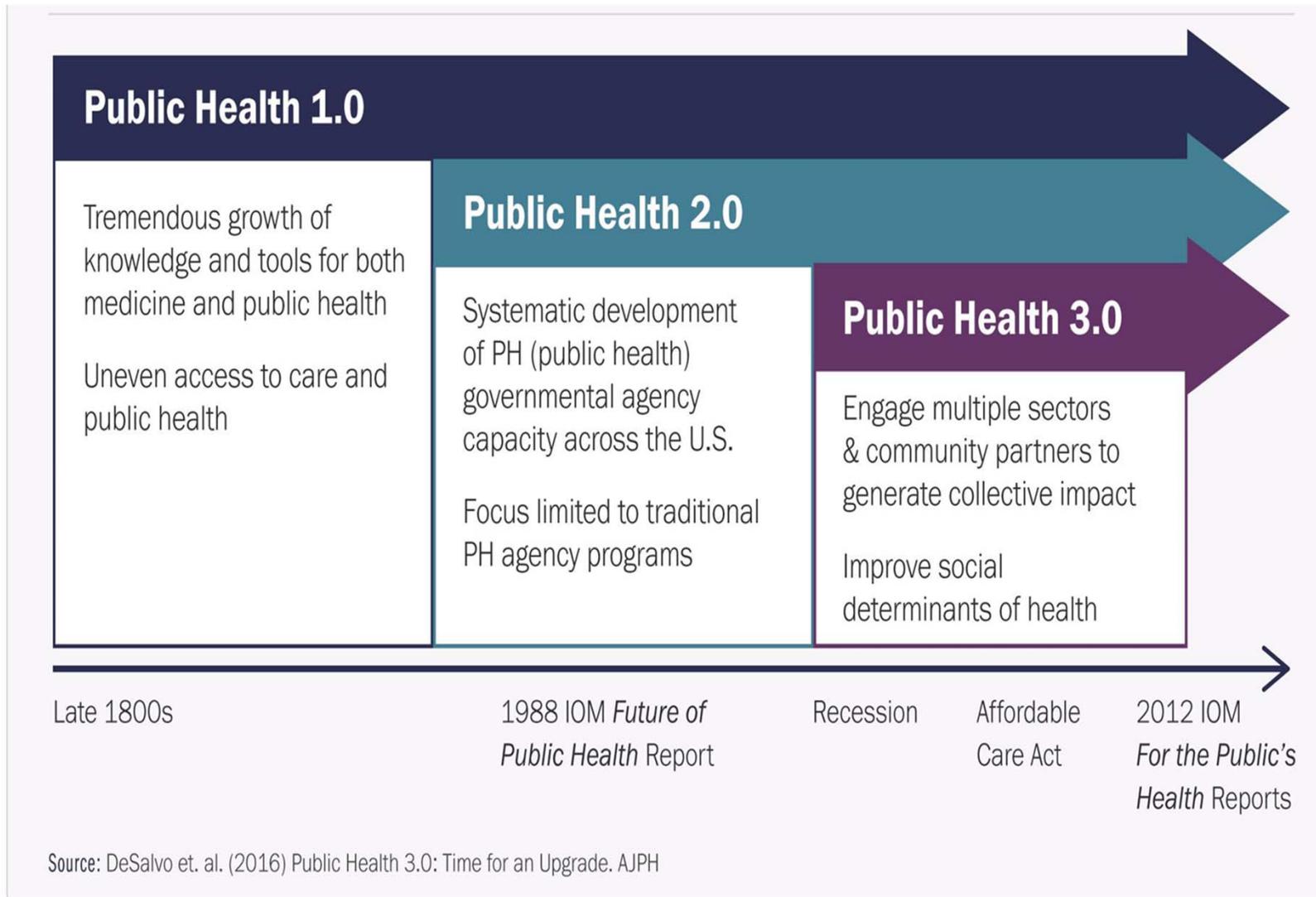
# Core Functions and Essential Public Health Services



U.S. Centers for Disease Control and Prevention



# Public Health 3.0





# Local Public Health in Massachusetts



## Local Public Health in Massachusetts

- Massachusetts has the most local health departments (351) in the U.S. – about 12% of all LHDs in the country
- No county health department system
- No direct state funding for local public health operations
- Workforce challenges

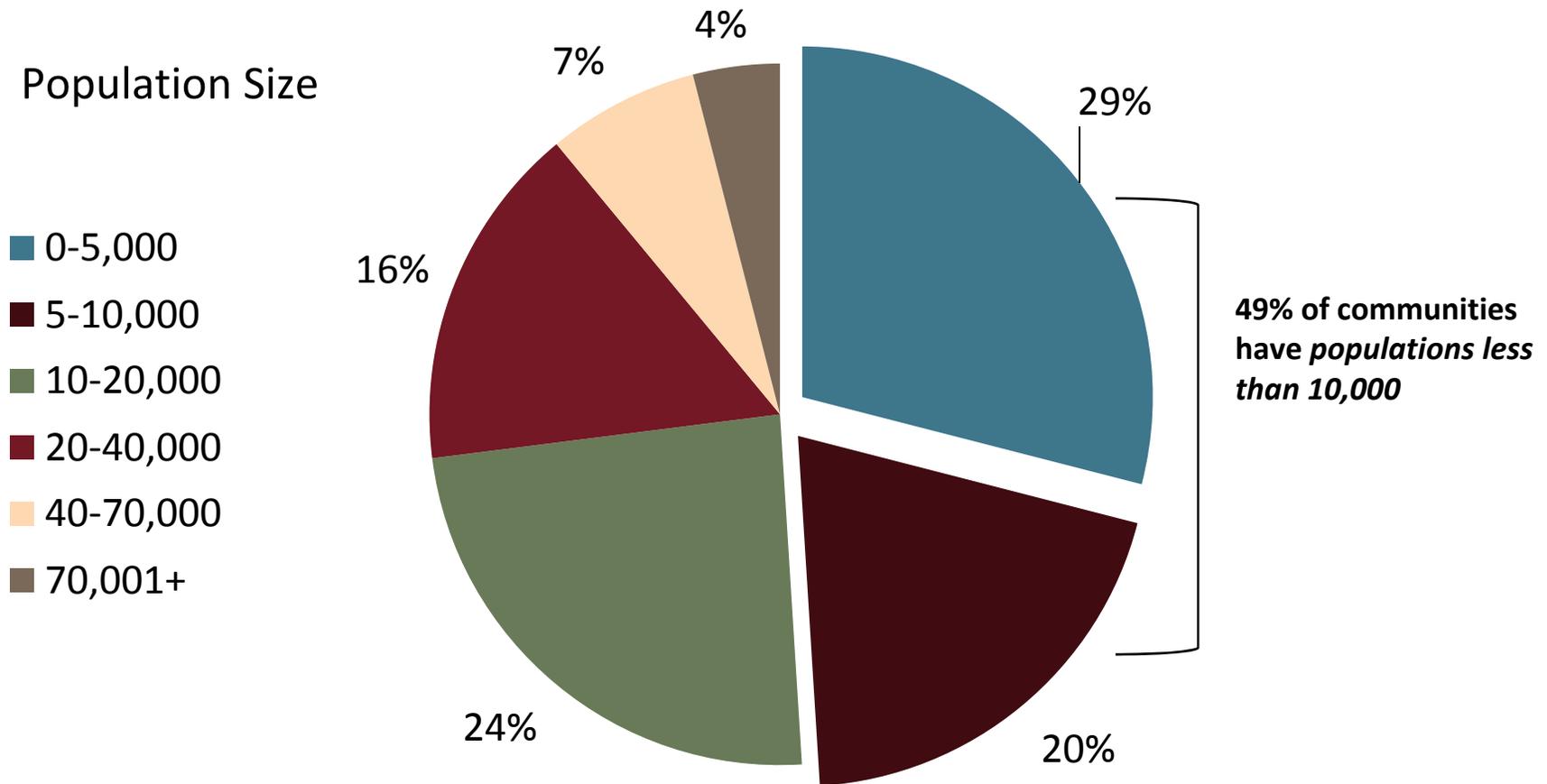


# Local Public Health in Massachusetts

- Legally mandated duties
  - Food safety
  - Communicable disease
  - Community sanitation
- Other responsibilities
  - Chronic disease
  - Health disparities
  - Behavioral health
  - Tobacco use/control
  - Teen pregnancy
  - Injuries, Violence
  - Assessment
  - Policy development

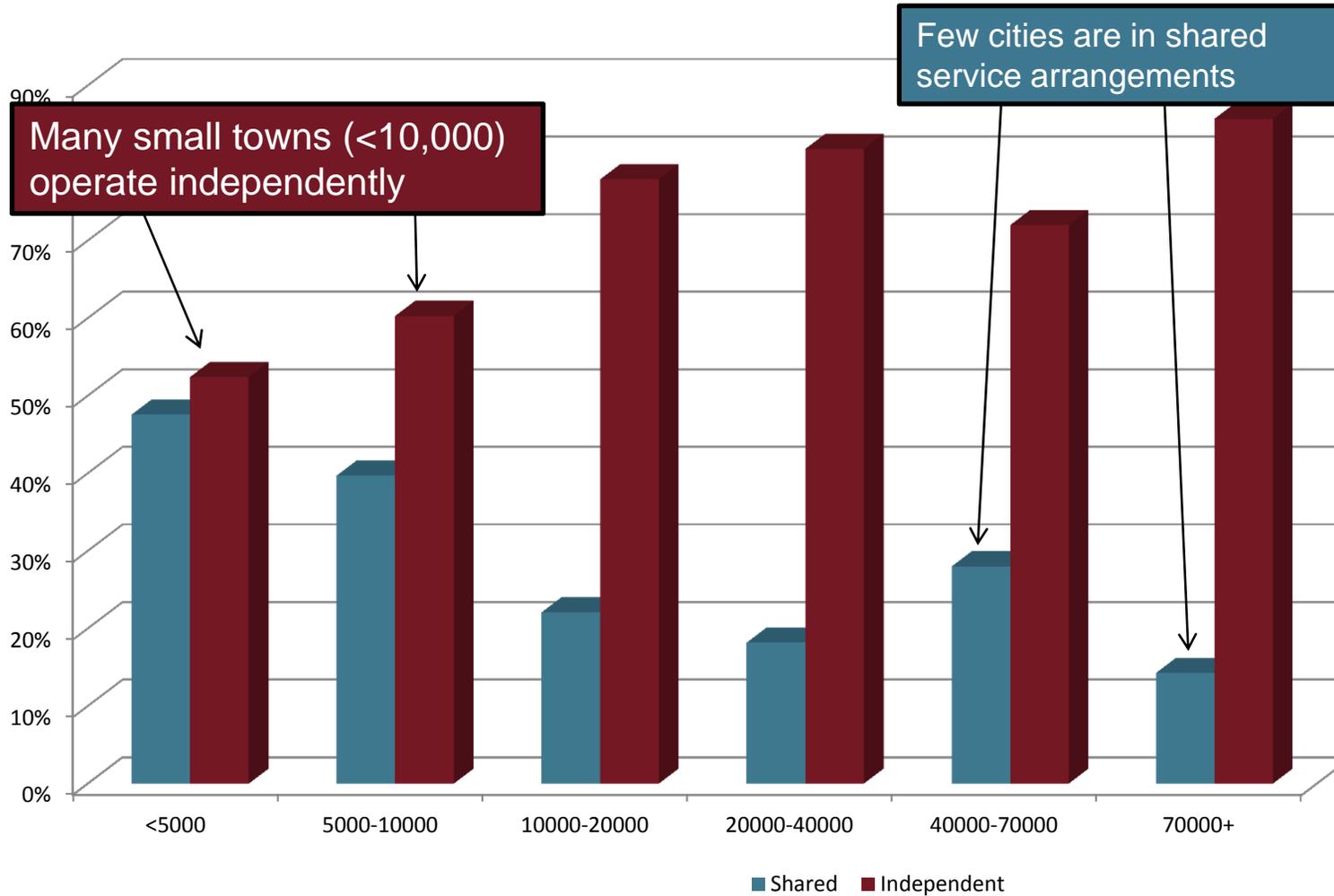


# Massachusetts Communities by Population Size



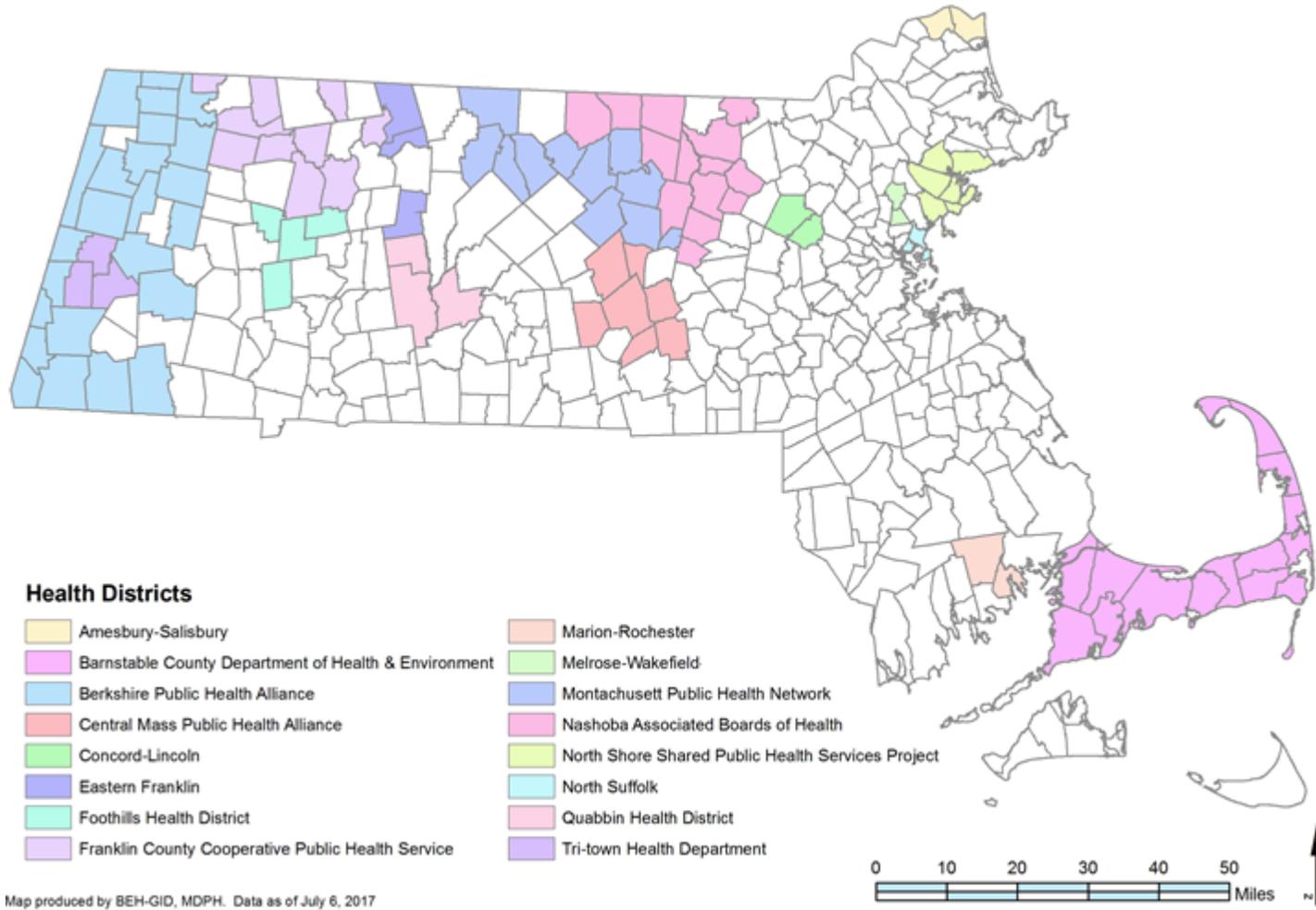


# Independent vs. Shared





# Districts/Shared Services





- Local Health 2000 Commission (1996)
- Coalition for Local Public Health Reports
  - A Case for Improving the Massachusetts Local Public Health Infrastructure (2003)
  - Strengthening Local Public Health in Massachusetts (2006)
- Massachusetts Public Health Regionalization Project (2005)
- Special Commission on Local and Regional Public Health (2017)



- Inconsistency across communities
- Small towns struggle
- Variability in board and staff credentials
- Limited ability to meet accreditation standards.
- Shared services proceeding slowly

*From Strengthening the Local and Regional  
Public Health System.*

Massachusetts Public Health Association (2016)



# DPH Support for Local Public Health



# History of DPH Approach to Supporting Local Public Health

## Prior to 1990

Office of Local and Regional Health  
(regional approach)

## 1990-2013

support for mandated services/  
other categorical funding

## 2013 to present

Office of Local and Regional Health  
(statewide approach)



- Workforce development
- Local public health infrastructure
- Information sharing between DPH and local public health
- Internal collaboration and communication



Ron O'Connor, Director

Directors of Local Public Health Initiatives

- Shelly Yarnie (Health equity; accreditation)
- Damon Chaplin (Large cities; communication)
- Erica Piedade (Rural towns; workforce development)

Jessica Ferland, Program Coordinator

Eddy Atallah, BUSPH Activist Fellow (2017-2018 Academic Year)



- Enhanced Communication
  - Local public health newsletter
  - “Landing page” on web site
  - Commissioner webinars with local health
- Internal and External Collaboration
- Massachusetts Large Cities Project (MLCP)
- Rural/small towns focus
- Response to the opioid epidemic



## Intra-Agency Local Public Health Working Group

**Local and Regional Health, Preparedness and  
Emergency Management, Health Equity, Performance  
Management and Quality Improvement, Infectious  
Disease, Substance Addiction, Environmental Health,  
Community Sanitation, Food Protection, Tobacco  
Control, Community Health Planning and  
Engagement, Data Management and Outcome  
Assessment, Rural Health**



- Coalition for Local Public Health
  - Massachusetts Environmental Health Association
  - Massachusetts Association of Public Health Nurses
  - Massachusetts Association of Health Boards
  - Massachusetts Health Officers Association
  - Massachusetts Public Health Association
- Local Public Health Institute (BUSPH)
- Western Massachusetts Public Health Association



# Our Approach to Large Cities

- Develop a **sustainable collaboration and communication platform** between the MDPH and public health leadership of Massachusetts largest cities.
- Aligned with the CDC 500 Cities Project

Cities with Populations of 70,000 or more

Boston, Brockton, Cambridge, Fall River, Framingham, Lawrence,  
Lowell, Lynn, New Bedford, Newton, Quincy, Somerville, Springfield,  
Worcester



## **June 2017 –A Precision Public Health Vision**

- Data access/usage
- Community partnerships
- Performance management and quality improvement

## **October 2017 – Building Healthy Communities**

- Community Benefits (Attorney General)
- Determination of Need/Community Health Initiatives
- Population Health Information Tool



## Takeaways from Meetings with Cities

- Strength of the Massachusetts health care system and academic institutions
- Access to actionable data can contribute to improved health outcomes.
- We can amplify the impact of “win/win outcomes” for complex public health needs through innovative collaborations and partnerships.



## Our Approach to Small/Rural Towns

- Aligned with new NACCHO Rural Health Section
- Strengthen relationships with rural public health leadership
- Explore unique public health challenges faced by small towns
- Seek opportunities to support rural local public health systems and workforce



- Tools and Resources for Local Boards of Health (E-document | 2016 and 2017)
- Workshops at Massachusetts Association of Health Boards Certificate Program (2016 and 2017)
- Opioids and Local Public Health Webinar Series (2016)
- Commissioner's Webinar and Newsletter Updates



# Special Commission on Local and Regional Public Health



## Special Commission on Local and Regional Public Health

- Chapter 3 of the Resolves of 2016 – signed by Governor Baker in August 2016
- Created a 25-member commission to “assess the effectiveness and efficiency of municipal and regional public health systems and to make recommendations regarding how to strengthen the delivery of public health services and preventive measures.”



## Why Special Commission?

- Inconsistency across communities
- Small towns struggle
- Variability in board and staff credentials
- Limited ability to meet accreditation standards.
- Shared services proceeding slowly

*From Strengthening the Local and Regional  
Public Health System.*

Massachusetts Public Health Association (2016)



## Commission Charge

- Capacity of local public health
  - in comparison to national standards
  - carry out their statutory powers and duties
- Existing resources for local health
- Workforce credentials
- Capacity of the office of local and regional health
- Regional collaboration and various models of service delivery
- Progress towards achieving regionalization advisory commission recommendations



# Special Commission Key Questions

## Case for Change

- Why is it important to build a more efficient and equitable local public health system?

## Standard

- minimum set of public health services that all Massachusetts residents should expect from their health department?

## Structure

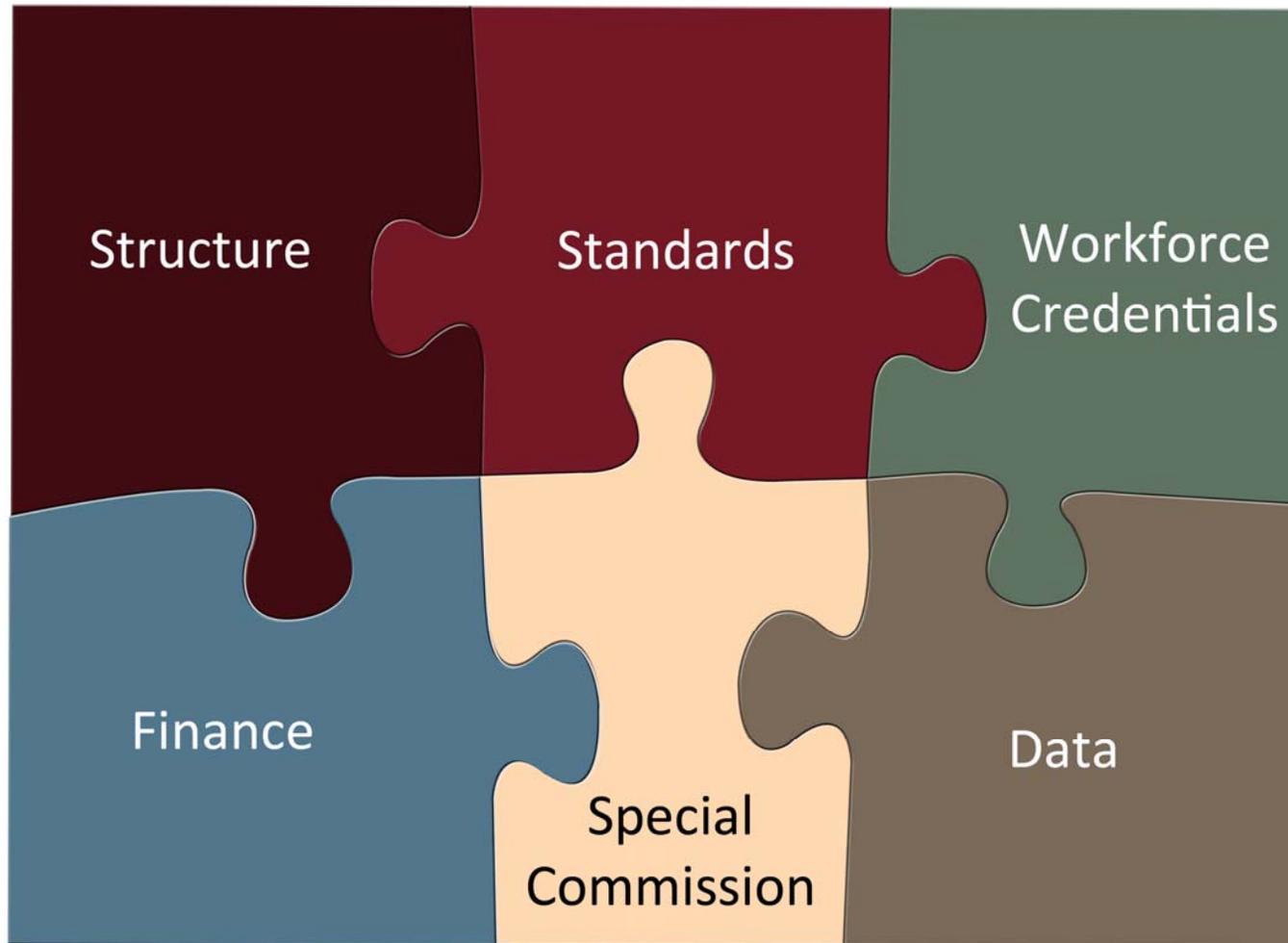
- most effective and efficient way to design the local public health system to meet the standard?

## Workforce

- local public health staffing profile needed to meet the standard?
- credentials and training needed to ensure that they can provide the minimum set of services?



## Subcommittees Aligned with Commission Charge





## Expected Final Recommendations

- Organizational and fiscal models
- Sharing of resources
- Public health data
- Resources to meet statutory responsibilities
- Local public health workforce development



“Curative medicine deals with what the economist, Thomas Shelling, calls identifiable lives. Prevention deals with statistical lives. The television news can show us the identifiable baby whose life would be saved with a liver transplant; it cannot show us the nameless souls whose lives might be saved by a health program or a reduction in environmental hazards.”

Dr. Paul Starr

Third Annual Health Institute for Promoting Prevention, Fall River, 1986



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Thank you!  
Questions?